

ARMSTRONG TEASDALE LLP

One Metropolitan Square, Suite 2600
St. Louis, Missouri 63102-2740
Phone: (314) 621-5070
Fax: (314) 621-5065
www.armstrongteasdale.com

**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: September 12, 2003

TO: Examiner: Alain L. Bashore : **RE: U.S. Patent Application**
Art Unit: 3624 : **Serial No.:** 09/681,408 ✓
Fax: 703-872-9327 : **Applicant:** Casciano et al
From: Daniel M. Fitzgerald : **Atty. Dkt. No.:** 17243-00039

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DOCUMENTS SUBMITTED WITH TRANSMISSION:

**Amendment Transmittal (3 pgs.); Amendment in response to Office action dated July 24, 2003
and made final (29 pgs.)**

Total pages including cover page: 33

If all pages are not received, please contact: Gail Maloney at Ext. 7458

RE: The above referenced U.S. Patent Application
Title: METHODS AND SYSTEMS FOR IMPLEMENTING A PROFITABILITY MODEL
Filed: March 30, 2001

OFFICIAL

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9327 on the date shown above.


Daniel M. Fitzgerald, Reg. No.: 38,880

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17243-00039
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Casciano et al.

Art Unit: 3624

Serial No.: 09/681,408

Examiner: Alain L. Bashore

Filed: March 30, 2001

For: METHODS AND SYSTEMS
FOR IMPLEMENTING A
PROFITABILITY MODEL

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SEP 12 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

OFFICIAL

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated
July 24, 2003 and made final (29 pgs.)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No.

Date:

I hereby certify that the documents listed above are being deposited with the United States
Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the
date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450.

Daniel M. Fitzgerald, Reg. No. 38,880

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 410.00	\$ 205.00
<input type="checkbox"/> third month	\$ 930.00	\$ 465.00
<input type="checkbox"/> fourth month	\$1,450.00	\$ 725.00
<input type="checkbox"/> fifth month	\$1,970.00	\$ 985.00

Fee Due \$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL		MINUS	=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS	=	x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) ☒ No additional fee for Claims is required

OR

(b) ☐ Total additional fee for claims required \$

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$

☐ Charge Deposit Account No. 01-2384 the sum of \$
A duplicate of this transmittal is attached.

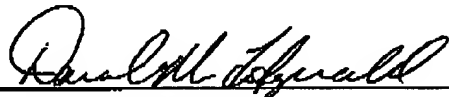
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:


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Reg. No. 38,880
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